

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICA'S AGENDA: HEALTH CARE FOR KIDS INC

(b) Address (number and street) ☐ check if different than previously reported

1919 PENNSYLVANIA AVE NW STE 500

(c) City, State and ZIP Code

WASHINGTON

DC

20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001150**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

through

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8**(b) Communication Title****6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Mark Blum

(b) Address (number and street)

1919 Pennsylvania Avenue, NW

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

America's Agenda: Health Care for Kids

(e) Occupation

Secretary/Treasurer

**9. Total Donations This Statement**

416815.00

**10. Total Disbursements/Obligations This Statement**

416815.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mark Blum

SIGNATURE Electronically Filed by Mark BlumDATE 10/16/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

Image# 28933547597  
**SCHEDULE 9-A**  
**Donation(s) Received**

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**A.** Full Name of Donor

Pharmaceutical Research and Manufacturers of America (PhRMA)

Mailing Address of Donor

950 F Street, NW, Suite 300

City

State

Zip

Washintgon

DC

20004

Date of Receipt

M M  
1 0

D D  
1 5

Y Y Y Y  
2 0 0 6

Amount

416815.00

Transaction ID : F92.000001

**SUBTOTAL** of Donations This Page (optional).....

416815.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

416815.00

FEC FORM 9 (REV. 12/2007)